

## PATENT PROSECUTION RECEIPT OF FILING

141592

Venable Filing Number

Atty. Docket No: 36488-188318

Title of Application: INTERACTIVE TOOL FOR REMOVAL OF ISOLATED OBJECTS ON RASTER IMAGES

Application No: 10/635,570

Patent No. :

Attorney/LAA: CJS:cja:kmc

PTO Due Date: \_\_\_\_\_

Current Date: \_\_\_\_\_

Filing Date: August 7, 2003

Issue Date: \_\_\_\_\_

The following items were received from Venable LLP, Washington, D.C., by the U.S. Patent & Trademark Office on the date stamped hereon:

U.S. PTO FEES ENCLOSED

**Transmittal Form SB-21** \_\_\_\_\_ Filing Fee  
 **Fee Transmittal Form SB-17** \_\_\_\_\_  
 **New U.S. Patent Application** \_\_\_\_\_  
 (\_\_\_\_ pages of specification/claims)  
 **Rule 53(d) Continued Prosecution Application** \_\_\_\_\_  
 **Rule 53(b) Continuation or Divisional Application** \_\_\_\_\_  
 (attach copy of specification, claims, drawings and declaration)  
 **U.S. National Stage Application of PCT Application** \_\_\_\_\_  
 Request for Continued Examination (RCE) under 37 CFR 1.114  
 **Application Data Sheet** \_\_\_\_\_  
 **Substitute Specification** \_\_\_\_\_  
 **Priority Document-Cert. Copy of**  
 Appln.#: \_\_\_\_; Country: \_\_\_\_; Date Filed: \_\_\_\_  
 **Formal Drawings** (\_\_\_\_ sheets, Figs.) \_\_\_\_\_  
 **Inventor Declaration** \_\_\_\_\_  
 **Assignment w/Cover Sheet** \_\_\_\_\_  
 **Response to Notice to File Missing Parts** \_\_\_\_\_  
 **Response to Notice to File Missing Requirements** \_\_\_\_\_  
 **Response to Requirement** \_\_\_\_\_  
 **Information Disclosure Statement with cited references** \_\_\_\_\_  
 **Response** \_\_\_\_\_  
 **Amendment / Preliminary Amendment** \_\_\_\_\_  
 **Petition/Request for Extension of Time ( mo. ext.)** \_\_\_\_\_  
 **Power of Attorney** \_\_\_\_\_  
 **Petition to Revive Unavoidably Abandoned Application** \_\_\_\_\_  
 **Statement to Accompany Petition to Revive** \_\_\_\_\_  
 **Maintenance Fee Transmittal** \_\_\_\_\_  
 **Notice of Appeal** \_\_\_\_\_  
 **Appeal Brief (in triplicate) / Reply Brief (in triplicate)** \_\_\_\_\_  
 **Request for Oral Hearing** \_\_\_\_\_  
 **Yellow Filing Receipt** \_\_\_\_\_  
 **Confirmation of Hearing Petition** \_\_\_\_\_  
 **Issue Fee Transmittal** \_\_\_\_\_  
 **Certificate of Correction** \_\_\_\_\_  
  
 **Status Inquiry** \_\_\_\_\_  
 **Other: (Please describe below)** \_\_\_\_\_  
 Copies of the filing papers dated July 20, 2007 \_\_\_\_\_

**1,400.00 Issue Fee**

\_\_\_\_\_ Publication Fee  
 \_\_\_\_\_ Certificate of Correction Fee  
 \_\_\_\_\_ Other Fees (Describe) \_\_\_\_\_  
**500.00 Revive Unavoidably Aban. Appln**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**1900.00 Total Fees Paid**

Charge the above fees as follows:

 **USPTO Deposit Account No. 22-0261** **USPTO Deposit Account No. \_\_\_\_\_**

Reviewed By: \_\_\_\_\_

Signature of Attorney

August 23, 2007

Date

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

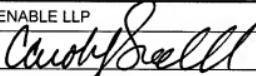
		Application Number	10/635,570-Conf. #8316
		Filing Date	August 7, 2003
		First Named Inventor	Stephane Côté
		Art Unit	2624
		Examiner Name	C. M. Larose
Total Number of Pages in This Submission		Attorney Docket Number	36488-188318

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form SB-17 <input checked="" type="checkbox"/> Transmittal Form SB/21 <input checked="" type="checkbox"/> Yellow filing receipt <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> Petition to Revive Unavoidably Abandoned Application <input checked="" type="checkbox"/> Statement to Accompany Petition to Revive <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Issue Fee Transmittal - Copies of the filing papers dated July 20, 2007
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Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	VENABLE LLP		
Signature			
Printed name	Caroline J. Swindell		
Date	August 23, 2007	Reg. No.	56,784

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

<i>Effective on 12/08/2004.</i> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		<i>Complete if Known</i>	
<b>FEES TRANSMITTAL</b> <b>For FY 2007</b>		Application Number	10/635,570-Conf. #8316
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	August 7, 2003
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ 1900.00)		First Named Inventor	Stephane Côté
		Examiner Name	C. M. Larose
		Art Unit	2624
		Attorney Docket No.	36488-188318

<b>METHOD OF PAYMENT</b> (check all that apply)					
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 22-0261		Deposit Account Name: Venable LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments			

<b>FEES CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>		<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 57 =	x	=					
HP = highest number of total claims paid for, if greater than 20.							
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>				
- 8 =	x	=					
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
- 100 =	/50 =	(round up to a whole number) x	=				
<b>4. OTHER FEES (\$)</b>							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): <b>1453 Petition to revive unavoidable abandoned appln</b> <b>500.00</b>							
<b>1501 Utility issue fee</b> <b>1,400.00</b>							

<b>SUBMITTED BY</b>			
Signature			
Name (Print/Type)	Caroline J. Swindell	Registration No (Attorney/Agent)	56,784
		Telephone	(703) 760-1676
		Date	August 23, 2007